

FILED  
Feb 24, 2003 8:00 am  
Secretary of State

02-10-2003 90120 045 \*\*\*150.00

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000132232

1. Entity Name

SEA GARDEN HOSPITALITY MANAGEMENT, INC.



Principal Place of Business

3161 SOUTH ATLANTIC AVENUE  
DAYTONA BEACH SHORES FL 32118

Mailing Address

3161 SOUTH ATLANTIC AVENUE  
DAYTONA BEACH SHORES FL 32118

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

71-0918782

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

HUGHES, BARRY E  
2001 S. RIDGEWOOD AVENUE SOUTH  
DAYTONA FL 32119

7. Name and Address of New Registered Agent

Name

Hughes, Allen

Street Address (P.O. Box Number is Not Acceptable)

3161 S Atlantic Ave.

Daytona Beach Shores FL

City

FL

Zip Code  
32118

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2-3-03

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution.

☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
HUGHES, ALLEN G  
3161 SOUTH ATLANTIC AVENUE  
DAYTONA BEACH SHORES FL 32118

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Allen Hughes Pres. 2-3-03 386-761-2335

Date

Daytime Phone #

CR2E034 (10/02)